IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

IN RE)
Lawrence M. Connelly Patricia Connelly Debtors) Case No. 17-20347 JAD Chapter 13
Lawrence M. Conelly Patricia Connelly Movants)))
AMENDMENT	COVER SHEET
Amendment(s) to the following petition, list(transmitted herewith:	(s), schedule(s), or statement(s) are
Specify reason for amendment the filing of the bankruptcy. The husband deb	t. The Debtors income has changed since otor is earning less money.
Voluntary Petition Official Form 6 Schedules Summary of Schedules Schedule A – Real Property Schedule B - Personal Property Schedule C – Property Claimed a	(Itemization of Changes Must be Specified) as Exempt
Schedule D – Creditors holding Check one: Creditor(s) added NO creditor(s) Creditor(s) dele	d added eted
Schedule E – Creditors Holdin Check one: Creditor(s) adde NO creditor(s) Creditor(s) dele	ed added eted
Schedule F – Creditors Holding Check one: Creditor(s) added NO creditor(s) added Creditor(s) dele	d
Schedule G – Executory Control Check one: Creditor(s) adde NO creditor(s)	racts and Unexpired Leases

Creditor(s) deleted		
Schedule H – Codebtors		
X Schedule I - Current Income of Individual Debtor(s) Attached is		
Amended Schedule I.		
Schedule J- Current Expenditures of Individual Debtor(s		
Statement of Financial Affairs		
Chapter 7 Individual Debtor's Statement of Intention		
Chapter 11 List of Equity Security Holders		
Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims		
Disclosure of Compensation of Attorney for Debtor		
Other:		

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Fed.R.Bankr.P. 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the U.S. Trustee, the trustee in this case and to entities affected by the amendment as follows:

Office of the United States Trustee Suite 970, Liberty Center 1001 Liberty Avenue Pittsburgh, PA 15222 Ronda J. Winnecour Suite 3250, US Steel Tower 600 Grant Street Pittsburgh, PA 15222

Date: June 16, 2017

/s/ Kenneth M. Steinberg Kenneth M. Steinberg Attorney for the Debtors

STEIDL & STEINBERG Suite 2830 – Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 391-8000 kenny.steinberg@steidl-steinberg.com PA I.D. No. 31244

Fill in this information	n to identify your case:	
Debtor 1	Lawrence M. Connelly	_
Debtor 2 (Spouse, if filing)	Patricia Connelly	_
United States Bankr	uptcy Court for the: WESTERN DISTRICT OF PENNSYLVANIA	_
	7-20347	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Forr	<u>n 106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	ill in your employment nformation.		Debtor 1	Debtor 2 or non-filing spouse		
	If you have more than one job,	Form I amount of a form	■ Employed	■ Employed		
attach a separate page with information about additional employers.		Employment status	☐ Not employed	☐ Not employed		
		Occupation	Mentor Manager	Receptionist		
	nclude part-time, seasonal, or elf-employed work.	Employer's name	Northwood Realty Services	UMPC Physician Operations & P		
	ccupation may include student Employer's address homemaker, if it applies.		9840 Old Perry Hwy Wexford, PA 15090	3600 Forbes Avenue Pittsburgh, PA 15213		
		How long employed there? 27 yaers		27 years		

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,600.00 \$ 3,649.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 3,600.00 \$ 3,649.00

Official Form 106I Schedule I: Your Income page 1

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Deb Deb	tor 1 tor 2	Lawrence M. Connelly Patricia Connelly	_	Case	number (if known)	17-203	47	
	0	unting 4 hours	4		Debtor 1	non-fil	ebtor 2 or ling spouse	
	Cop	y line 4 here	4.	\$_	3,600.00	\$	3,649.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	723.00	\$	823.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	108.00	\$	219.00	
	5d.	Required repayments of retirement fund loans Insurance	5d.	\$_ \$	76.00	\$	143.00	
	5e. 5f.	Domestic support obligations	5e. 5f.	\$ _	0.00	\$	271.00 0.00	
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	
	5h.	Other deductions. Specify: Life insurance	5h.+	\$		+ \$	78.00	
		AFLAC	_	\$	0.00	\$	38.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	907.00	\$	1,572.00	
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,693.00	\$	2,077.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$_	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$_	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,693.00 + \$_	2,077	7.00	4,770.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depen			,	nedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$	4,770.00
13.	Do y	you expect an increase or decrease within the year after you file this form	?				Combine monthly	
		No. Yes. Explain:						